

Instructions

Maternal and Infant Forms Checklists

M001 (11/01/15)

I001 (11/01/15)

These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at marciniakd1@michigan.gov or 517 324-8314.

- **Care Coordinator:** Insert the name of the care coordinator. If the care coordinator (RN or SW) changes during the course of care, cross out the name of the previous care coordinator and add the name of the new one. You must initial and date this change. If you have an electronic medical record system, this will be done for you automatically. NOTE: Effective August 1 2016, you will no longer need to note that the care coordinator has changed on this form.

Transfer: If the care coordinator also served as the care coordinator for this beneficiary at the previous (transferring) MIHP agency, make note of this.
- **Date Referral to MIHP Received:** Do not leave this field blank. If you do, your reviewer will not be able to determine whether the maternal beneficiary was contacted within 14 calendar days and the infant beneficiary within 7 calendar days of receipt of referral, or within two business days from date of discharge if a hospital referred the infant. If the beneficiary was self-referred, use the date that the *Risk Identifier* was administered as the date of referral.

Transfer: Insert the date that your agency received the beneficiary's records from the transferring MIHP agency.
- **Referral Source:** If the beneficiary was self-referred, write "self-referred," "self," "walk-in," etc. If infant's mother was enrolled prenatally, write "mother in prenatal MIHP" or language to that effect.

Transfer: Insert the word "transfer."
- **Date Consents Signed:** There is only one space for the date that both *Consents* were completed and signed. The *Risk Identifier* cannot be administered before both *Consents* are signed.

Transfer: Obtain new signed *Consents*. The *MIHP Consent to Transfer MIHP Record to a Different Provider (Consent to Release Protected Health Information)* must also be in the chart.
- **Date Risk Identifier Administered:** If the *Risk Identifier* was administered on more than one date, insert the date that administration was finished.

Transfer: Insert "NA" in Date field.

- Date *Risk Identifier* Entered into MIHP Database and Score Sheet Printed: Insert the date that the score sheet was printed. This date may precede the date that the beneficiary's Medicaid ID number is received and entered into the electronic *Risk Identifier*.
Transfer: Insert "NA" in Date field.
- Date *Plan of Care, Part 1* Signed by both Disciplines: Insert the date that the second discipline signs the form. The second signature must be dated within 10 business days of the date that the first discipline signs the form.
Transfer: Insert "NA" in Date field.
- Date *Infant Plan of Care, Part 2* is Developed and Reviewed by both Disciplines and Date *Plan of Care, Part 3* was Signed by Both Disciplines: Insert the date that the second discipline signs the *Plan of Care, Part 3*. This second signature must be dated within 10 business days of the date that the first discipline signs the form. This date cannot precede the date that the *Risk Identifier* was entered into the MIHP database.
Transfer: Insert "NA" in Date field.
- Date *Communication/Notification of MIHP Enrollment* Sent to Medical Care Provider: Insert the date that the *Communication Form* and *Cover Letter A* are faxed or mailed to the medical care provider. The date the form and cover letter are faxed or mailed must be within 14 days of the *Risk Identifier* visit date. RN or SW signature is required on the form but not on the cover letter. The dates on the form and cover letter do not have to coincide with the date that these documents are faxed or mailed.
Transfer: Insert "NA" in Date field.
- Professional Visit Conducted: Insert the date that each professional visit is conducted. There are 9 date fields on the *Maternal Forms Checklist* and 36 on the *Infant Forms Checklist*, reflecting the maximum number of visits each type of beneficiary is allowed. Do not insert any other information in these fields.
Transfer: Same as above. Enter the dates of the professional visits conducted by the transferring agency, as documented on the *Professional Visit Progress Notes* you received from that agency. Use an asterisk to note the date of the first professional visit conducted by your (receiving) agency.
- Date *Communication/Notice of Change in Risk Factors* Sent to Medical Care Provider: Insert the date that the *Communication Form* and *Cover Letter B* are faxed to the medical care provider subsequent to a significant change:
 1. Another risk domain is added to the *POC 2* and the *POC 3* is updated and signed
 2. Beneficiary changes medical care providers
 3. Emergency interventions have been implemented
 4. Beneficiary transfers to your agency (form and cover letter not required but there must be documentation of notification)

The date the forms are faxed or mailed must be within 14 days of the date that the significant change is documented in the chart. RN or SW signature is required on the form but not on the cover letter. The dates on the form and cover letter do not have to coincide with the date that these documents are faxed or mailed. If there is more than one significant change during the course of care, insert subsequent dates after the first date.

Transfer: Same as above. You must notify the medical care provider that the beneficiary has transferred to you MIHP.

- Date *Discharge Summary* Entered into the Database: Insert the date that the *Discharge Summary* was completed in the database. This date must be within 30 days after: 1) the pregnant woman's MIHP eligibility period ends or 2) infant services are concluded or there are or there are four consecutive months of inactivity unless there is documentation in the chart that the case is being kept open for a specific purpose and the purpose is documented on the *Risk Identifier, Professional Visit Progress Note, or Contact Log*.

Transfer: Same as above.

- Date *Discharge Summary* Sent to Medical Care Provider: Insert the date that the *Discharge Summary* printout and *Cover Letter* are faxed or mailed to the medical care provider. This date must be within 14 days of the date the *Discharge Summary* was completed in the database. RN or SW signature is required on the form but not on the cover letter. The dates on the form and cover letter do not have to coincide with the date that these documents are faxed or mailed.

Transfer: Same as above.

- ASQ-3 Completed and ASQ: SE-2 Completed: Insert each date that these tools are administered over the course of care.

Transfer: Same as above. Enter the dates of ASQ screenings that were administered by the transferring agency, as documented on the *Professional Visit Progress Notes* you received from that agency. Use an asterisk to note the date of the first ASQ screening administered by your (receiving) agency.